Irish Life health

General Surgery

Schedule of Benefits for Professional Fees

2023

ABDOMINAL WALL AND PERITONEUM

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
5	Abdominal wall, secondary suture of	No	No	
15	Adhesions, division of by laparotomy or laparoscopy (I.P.)	No	No	
20	Intra-abdominal injury with rupture of viscus, repair of (not including intraoperative injury) (I.P.)	No	No	
25	Intra abdominal injury, multiple complicated with rupture of viscus (I.P.)	No	No	
30	Laparotomy (I.P.)	No	No	
35	Laparoscopy with or without biopsy (I.P.)	No	No	
45	Omentopexy	No	No	
50	Paracentesis abdominis	Yes	No	
60	Pelvic abscess, drainage of	No	No	
80	Peritoneum, drainage of (I.P.)	No	No	
90	Laparotomy, intra-abdominal sepsis (I.P.)	No	No	
5835	Peritoneal, venous shunt for ascites	No	No	

ADRENAL GLANDS

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
95	Adrenalectomy, unilateral (I.P.)	No	No	
101	Adrenalectomy for phaeochromocytoma	No	No	
102	Laparoscopy, surgical with adrenalectomy, partial or complete or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal	No	No	
106	Neuroblastoma, tru-cut biopsy	No	No	
107	Neuroblastoma, resection	No	No	

ANAESTHESIA

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
191	General anaesthesia for gastroscopy procedures (codes 192, 194, 198, 206) and colonoscopy procedures (codes 450, 455, 456, 457, 458, 459, 530, 535, 536) in children under 16 years of age	No	No	

ANAESTHESIA

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
399	Monitored anaesthesia benefit for surgical procedures	No	No	
192202	General anaesthesia for children under the age of 12, procedure not specified	No	No	Supporting documentation required
192204	General anaesthesia for adults, procedure not specified	No	No	Supporting documentation required

APPENDIX

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
110	Appendicectomy (with or without complications) (I.P.)	No	No	
111	Appendicectomy, laparoscopic approach (with or without complications) (I.P.)	No	No	

BILIARY SYSTEM

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
115	Cholecystojejunostomy	No	No	
116	Choledochojejunostomy (Roux-En-Y)	No	No	
117	Choledochoduodenostomy	No	No	
118	Surgical repair of post-operative biliary stricture	No	No	
129	Hepaticojejunostomy	No	No	
132	Cholecystectomy with exploration of common bile duct	No	No	
135	Cholecystectomy including pre operative cholangiogram	No	No	
136	Percutaneous removal of gallstones from the bile ducts	No	No	
140	Cholecystostomy with exploration, drainage or removal of calculus	No	No	
145	Hepaticoduodenostomy	No	No	
150	Trans-duodenal sphincteroplasty with or without transduodenal extraction of calculus	No	No	
151	Trans-hepatic insertion of biliary endoprosthesis or catheter for biliary drainage	No	No	

BILIARY SYSTEM

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
156	Revision and/ or reinsertion of transhepatic stent (I.P.)	No	No	
157	Insertion of or exchange of drainage catheter under radiological guidance	No	No	
612	Portoenterostomy (e.g. Kasai procedure)	No	No	
456002	Day case laparoscopic cholecystectomy including pre-operative cholangiogram	No	No	Day Case
456003	In-patient laparoscopic cholecystectomy including pre-operative cholangiogram	No	No	

BREAST

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
1195	Percutaneous core needle biopsy of breast with or without ultrasound guidance (I.P.)	Yes	No	For fine needle biopsy use procedure code 1191
1198	Re-excision of margins arising from previous breast surgery (I.P.)	No	No	
1200	Cysts or tumours, excision of, or lumpectomy, segmental resection, quadrant mastectomy or partial mastectomy	No	No	
1205	Duct papilloma, excision of	No	No	
1206	Mastectomy, partial, guided excision, with axillary sampling or removal of sentinel node(s) and immediate deep rotation flap reconstruction, with or without prosthetic implant	No	No	
1207	Skin sparing mastectomy with free skin and/ or muscle flap with microvascular anastomosis (I.P.)	No	No	
1209	Periprosthetic (Incl Open) capsulotomy breast (I.P.)	No	No	
1210	Gynaecomastia (excision for), unilateral	No	Yes	Benefit for excision of gynaecomastia in accordance with procedure codes 1210 and 1211 is subject to pre-certification. Gynaecomastia is defined as benign glandular breast enlargement due to ductal proliferation, stromal proliferation or both. The diagnosis must be based on both physical examination that confirms that the breast enlargement is true gynaecomastia and not pseudogynaecomastia, and laboratory, and other appropriate investigations as required should have been performed to identify any underlying reversible causes. Clinical Indications for procedure codes 1210, 1211 must be satisfied in full, included on the claim form for payment and are as follows: (a) Post-pubertal (b) BMI < 30 (c) Unilateral or bilateral gynaecomastia grade III or IV (Grade III gynaecomastia being moderate breast enlargement exceeding the areola boundaries with edges that are distinct from the chest with skin redundancy. Grade IV being gynaecomastia being marked breast enlargement with skin redundancy and feminisation of the breast) (d) Gynaecomastia that has been present for at least 1 year and has persisted despite treatment for at least 4 months for the underlying pathological cause (e) > / = 6 months pain or discomfort, directly attributable to breast hypertrophy, that is unresolved despite the continuous use for at least 4 weeks of prescription analgesia or non-steroidal anti-inflammatory drugs and significantly impacts on activities of daily living.

BREAST

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
1211	Gynaecomastia (excision for), bilateral	No	Yes	Benefit for excision of gynaecomastia in accordance with procedure codes 1210 and 1211 is subject to pre-certification. Gynaecomastia is defined as benign glandular breast enlargement due to ductal proliferation, stromal proliferation or both. The diagnosis must be based on both physical examination that confirms that the breast enlargement is true gynaecomastia and not pseudogynaecomastia, and laboratory, and other appropriate investigations as required should have been performed to identify any underlying reversible causes. Clinical Indications for procedure codes 1210, 1211 must be satisfied in full, included on the claim form for payment and are as follows: (a) Post-pubertal (b) BMI < 30 (c) Unilateral or bilateral gynaecomastia grade III or IV (Grade III gynaecomastia being moderate breast enlargement exceeding the areola boundaries with edges that are distinct from the chest with skin redundancy. Grade IV being gynaecomastia being marked breast enlargement with skin redundancy and feminisation of the breast) (d) Gynaecomastia that has been present for at least 1 year and has persisted despite treatment for at least 4 months for the underlying pathological cause (e) > / = 6 months pain or discomfort, directly attributable to breast hypertrophy, that is unresolved despite the continuous use for at least 4 weeks of prescription analgesia or non-steroidal anti-inflammatory drugs and significantly impacts on activities of daily living.
1212	Mastectomy, complete, with or without removal of sentinel node(s) and with or without immediate insertion of tissue expander, includes subsequent expansions (I.P.)	No	No	
1213	Mastectomy, partial, with or without guidance with axillary clearance, or removal of sentinel node(s)	No	No	
1214	Mastectomy, partial, guided excision, for ductal carcinoma insitu	No	No	
1216	Mastectomy radical/ modified radical, with axillary clearance	No	No	
1218	Mammographic wire guided excision breast biopsy	No	No	
1219	Mastectomy and axillary clearance, immediate breast reconstruction with latissimus dorsi pedicle flap, with or without prosthetic implant or expanding prosthesis	No	No	
1221	Mastectomy and axillary clearance, immediate breast reconstruction with extended latissimus dorsi pedicle flap	No	No	
1222	Mastectomy, complete with or without removal of sentinel node(s) with immediate insertion of tissue expander, includes subsequent expansions	No	No	
1223	Mastectomy, partial, guided excision, with axillary sampling or removal of sentinel node(s), with immediate deep rotation flap reconstruction, with prosthetic implant	No	No	
193001	Prophylactic unilateral mastectomy, without insertion of tissue expander	No	Yes	
193002	Prophylactic unilateral mastectomy, complete with immediate insertion of tissue expander and subsequent expansions	No	Yes	
193003	Prophylactic unilateral mastectomy, immediate breast reconstruction with latissimus dorsi pedicle flap, +/- prosthetic implant or expanding prosthesis	No	Yes	
193004	Prophylactic unilateral mastectomy, immediate breast reconstruction with extended latissimus dorsi pedicle flap	No	Yes	
193005	Prophylactic bilateral mastectomy, complete, without immediate insertion of tissue expander	No	Yes	

BREAST

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
193006	Prophylactic bilateral mastectomy, complete, with immediate insertion of tissue expander, includes subsequent expansions	No	Yes	
193007	Prophylactic bilateral mastectomy, immediate breast reconstruction with latissimus dorsi pedicle flap, +/- prosthetic implant or expanding prosthesis	No	Yes	
193008	Prophylactic bilateral mastectomy, immediate breast reconstruction with extended latissimus dorsi pedicle flap	No	Yes	
441196	Skin sparing mastectomy (I.P.)	No	No	

EXCISIONS

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
405	Destruction of lesion(s) by any method, genital/ anal warts (e.g. condyloma, papilloma, molluscum contagiosum, herpetic vesicle) where performed under general anaesthetic in an Irish Life Health approved hospital (I.P.)	Yes	No	Where this procedure is done in a setting which does not require hospital admission, the “Participating Benefit - No Hospital Admission” applies. This benefit covers both the professional and the facility fee
1505	Abscess, cyst or tumour, aspiration of (I.P.)	Yes	No	Where this procedure is done in a setting which does not require hospital admission, the "Participating Benefit - No Hospital Admission" applies. This benefit covers both the professional and the facility fee
1525	Foreign body, removal of	Yes	No	Where this procedure is done in a setting which does not require hospital admission, the "Participating Benefit - No Hospital Admission" applies. This benefit covers both the professional and the facility fee
1552	Surgical excision of benign lesion or lesions from body other than face, ear, neck and/ or genitalia (includes sebaceous cysts) (I.P.)	Yes	No	Where this procedure is done in a setting which does not require hospital admission, the “Participating Benefit - No Hospital Admission” applies. This benefit covers both the professional and the facility fee. Any subsequent claims for lesion removal at or near the originating site within 120 days will not be paid. Where a second procedure is performed on day of initial procedure then 75% of second procedure will be paid to consultant only, even if undertaken in a hospital setting (i.e. no technical fee will apply).
1554	Surgical excision of benign lesion or lesions of face, neck, ear or genitalia (includes sebaceous cysts) (I.P.)	Yes	No	Where this procedure is done in a setting which does not require hospital admission, the “Participating Benefit - No Hospital Admission” applies. This benefit covers both the professional and the facility fee Any subsequent claims for lesion removal at or near the originating site within 120 days will not be paid. Where a second procedure is performed on day of initial procedure then 75% of second procedure will be paid to consultant only, even if undertaken in a hospital setting (i.e. no technical fee will apply).

GASTRIC

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
155	Antrectomy and drainage	No	No	
165	Duodenal diverticula, excision of	No	No	

GASTRIC

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
174	Wedge gastric excision for ulcer or tumour of stomach	No	No	
175	Gastrectomy, total or revision with anastomosis, pouch formation/ reconstruction/ Roux-en-Y reconstruction	No	No	
180	Gastrectomy, partial with anastomosis, pouch formation/ reconstruction/Roux-en-Y reconstruction (Not Claimable for Morbid Obesity)	No	No	
190	Gastroenterostomy	No	No	
192	Capsule endoscopy	Yes	No	Clinical indications for procedure code 192 are as follows: one of which must be included on claim form for payment: (a) For evaluation of loco-regional carcinoid tumours of the small bowel in persons with carcinoid syndrome (b) For initial diagnosis in persons with suspected Crohn's disease (abdominal pain or diarrhoea plus one or more signs of inflammation (fever, elevated white blood cell count, elevated erythrocyte sedimentation rate, or bleeding) without evidence of disease on conventional diagnostic tests, including small-bowel follow-through or abdominal CT scan/ CT enterography and upper and lower endoscopy (c) For investigation of patients with objective evidence of recurrent, obscure gastro intestinal bleeding (e.g. iron deficiency anaemia and positive faecal occult blood test, or visible bleeding) who have had upper and lower gastrointestinal endoscopies within the last 12 months that have failed to identify a bleeding source (d) For surveillance of small intestinal tumours in persons with Lynch syndrome, Peutz-Jeghers syndrome and other polyposis syndromes affecting the small bowel

GASTRIC

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
194	Upper gastrointestinal endoscopy with or without biopsies (includes jejunal biopsy), with or without polypectomy	No	No	Procedure code 194 is not payable in conjunction with procedure codes 198, 201, 202 or 271. Clinical indications for an initial upper G.I. endoscopy (excludes repeat procedures within 12 months, for which there are other specific clinical indications), one of which must be included on claim form for payment: (a) Upper abdominal symptoms that persist in patients that have been tested and received treatment for Helicobacter pylori and/ or been treated with a trial of PPI's for 6 weeks (b) Upper abdominal symptoms associated with other symptoms or signs suggesting serious organic disease (i.e. anorexia and weight loss) or in patients > 45 years old (c) Dysphagia or odynophagia (d) Oesophageal reflux symptoms that are persistent or recurrent despite appropriate treatment (e) Persistent vomiting of unknown cause (f) Biopsy for suspected coeliac disease (g) Other diseases in which the presence of upper GI pathologic conditions might modify other planned management (h) Familial adenomatous polyposis syndromes (i) For confirmation and specific histologic diagnosis of radiological demonstrated lesions - suspected neoplastic lesion, gastric ulcer oseophageal ulcer, upper tract stricture or obstruction (j) Patients with active/ recent GI bleeding (k) Iron deficiency anaemia or chronic blood loss (l) Patients with suspected portal hypertension to document or treat oesophageal varices (m) To assess acute injury after caustic ingestion (n) Treatment of bleeding lesions such as ulcers, tumours, vascular abnormalities (e.g. electro-coagulation, heater probe, laser photocoagulation, or injection therapy) (o) banding or sclerotherapy of oesophageal varices (p) Removal of foreign body (q) Dilatation of stenotic lesions (r) Further investigation of suspected achalasia (s) Palliative treatment of stenosing neoplasms Clinical Indications for a repeat upper G.I. endoscopy - no consultant or hospital benefits are payable for a repeat upper G.I. endoscopy within a 12 month period except for the following clinical indications: (1) Histological diagnosis of gastric or oesophageal ulcer (2) Coeliac disease – re-check for healing 3 months (once only) (3) Achalasia (4) Post banding of oesophageal varices (5) Patients diagnosed with an atypical (non-H. pylori-associated) or high-risk duodenal ulcer - benefit will be provided for one repeat endoscopy to re-biopsy (except by report) (6) Stent blockage (7) Re-biopsy of an oesophageal ulcer (8) Barrett's mucosa with dysplasia (9) Gastric mucosa showing dysplasia (10) Follow up of patients post gastric or oesophageal cancer - benefit will be provided for endoscopies as clinically indicated. New clinical indications, unrelated to the indications for an earlier endoscopy, within the 12 month period, themselves an identified indication (s) for endoscopy, will not be excluded by a prior endoscopy. Please refer to the initial endoscopy codes.

GASTRIC

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
198	Upper gastrointestinal endoscopy including oesophagus, stomach and either the duodenum and/ or jejunum as appropriate, with endoscopic ultrasound examination	No	No	Procedure code 198 is not payable in conjunction with procedure codes 194, 201, 202 or 271. Clinical indications for procedure code 198 are as follows: must be included on claim form for payment (a) Oesophageal cancer: pre-operative staging and assessment of the respectability in operable patients without distant metastases, especially when stage dependent treatment protocols are applied (b) Gastric carcinoma: pre-operative staging of gastric cancer in patients without distant metastases if the local stage has an impact on therapy (local resection, neoadjuvant chemotherapy) (c) Gastric (i) Gastrointestinal sub mucosal tumours to differentiate from extra luminal compression and to plan therapy (resection or follow-up) (ii) Gastric: For diagnosis of gastric malt lymphoma (d) Biliary tumours: pre-operative staging and distal bile duct tumours (e) Benign conditions of the biliary tract; microlithiasis associated with acute pancreatitis (f) Benign conditions of the biliary tract; microlithiasis associated with acute pancreatitis/ post-cholecystectomy patients presenting with suspected biliary colic and have normal abdominal ultrasound and normal liver function tests (g) Pancreatic tumours: staging (h) Neuroendocrine tumours: locating neuroendocrine tumours, including insulinomas and gastrinomas
200	Gastrostomy	No	No	
201	Insertion of percutaneous endoscopic gastrostomy (PEG) tube	No	No	Procedure code 201 is not payable in conjunction with procedure codes 194, 198, 202 or 271.

GASTRIC

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
202	Upper gastrointestinal endoscopy with endoscopic ultrasound exam including oesophagus, stomach and either the duodenum and/ or jejunum as appropriate with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/ biopsy(s) of lymph nodes in oesophageal, gastric and lung cancer, biopsy of pancreatic lesion(s), mediastinal mass or submucosal lesion(s), with or without coeliac plexus neurolysis for pain arising from pancreatic cancer or chronic pancreatitis	No	No	Procedure code 202 is not payable in conjunction with procedure codes 194, 198, 201 or 271. Clinical indications for an initial upper G.I. endoscopy (excludes repeat procedures within 12 months, for which there are other specific clinical indications), one of which must be included on claim form for payment: (a) Upper abdominal symptoms that persist in patients that have been tested and received treatment for Helicobacter pylori and/ or been treated with a trial of PPI's for 6 weeks (b) Upper abdominal symptoms associated with other symptoms or signs suggesting serious organic disease (i.e. anorexia and weight loss) or in patients > 45 years old (c) Dysphagia or odynophagia (d) Oesophageal reflux symptoms that are persistent or recurrent despite appropriate treatment (e) Persistent vomiting of unknown cause (f) Biopsy for suspected coeliac disease (g) Other diseases in which the presence of upper GI pathologic conditions might modify other planned management (h) Familial adenomatous polyposis syndromes (i) For confirmation and specific histologic diagnosis of radiological demonstrated lesions - suspected neoplastic lesion, gastric ulcer oesophageal ulcer, upper tract stricture or obstruction (j) Patients with active/ recent GI bleeding (k) Iron deficiency anaemia or chronic blood loss (l) Patients with suspected portal hypertension to document or treat oesophageal varices (m) To assess acute injury after caustic ingestion (n) Treatment of bleeding lesions such as ulcers, tumours, vascular abnormalities (e.g. electro-coagulation, heater probe, laser photocoagulation, or injection therapy) (o) banding or sclerotherapy of oesophageal varices (p) Removal of foreign body (q) Dilatation of stenotic lesions (r) Further investigation of suspected achalasia (s) Palliative treatment of stenosing neoplasms Clinical Indications for a repeat upper G.I. endoscopy - no consultant or hospital benefits are payable for a repeat upper G.I. endoscopy within a 12 month period except for the following clinical indications: (1) Histological diagnosis of gastric or oesophageal ulcer (2) Coeliac disease – re-check for healing 3 months (once only) (3) Achalasia (4) Post banding of oesophageal varices (5) Patients diagnosed with an atypical (non-H. pylori-associated) or high-risk duodenal ulcer - benefit will be provided for one repeat endoscopy to re-biopsy (except by report) (6) Stent blockage (7) Re-biopsy of an oesophageal ulcer (8) Barrett's mucosa with dysplasia (9) Gastric mucosa showing dysplasia (10) Follow up of patients post gastric or oesophageal cancer - benefit will be provided for endoscopies as clinically indicated. New clinical indications, unrelated to the indications for an earlier endoscopy, within the 12 month period, themselves an identified indication (s) for endoscopy, will not be excluded by a prior endoscopy. Please refer to the initial endoscopy codes.

GASTRIC

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
203	Upper gastrointestinal endoscopy with transendoscopic stent placement (includes pre and post dilation) in patients with obstructing lesions or strictures (I.P.)	No	No	Clinical indications for an initial upper G.I. endoscopy (excludes repeat procedures within 12 months, for which there are other specific clinical indications), one of which must be included on claim form for payment: (a) Upper abdominal symptoms that persist in patients that have been tested and received treatment for Helicobacter pylori and/ or been treated with a trial of PPI's for 6 weeks (b) Upper abdominal symptoms associated with other symptoms or signs suggesting serious organic disease (i.e. anorexia and weight loss) or in patients > 45 years old (c) Dysphagia or odynophagia (d) Oesophageal reflux symptoms that are persistent or recurrent despite appropriate treatment (e) Persistent vomiting of unknown cause (f) Biopsy for suspected coeliac disease (g) Other diseases in which the presence of upper GI pathologic conditions might modify other planned management (h) Familial adenomatous polyposis syndromes (i) For confirmation and specific histologic diagnosis of radiological demonstrated lesions - suspected neoplastic lesion, gastric ulcer oesophageal ulcer, upper tract stricture or obstruction (j) Patients with active/ recent GI bleeding (k) Iron deficiency anaemia or chronic blood loss (l) Patients with suspected portal hypertension to document or treat oesophageal varices (m) To assess acute injury after caustic ingestion (n) Treatment of bleeding lesions such as ulcers, tumours, vascular abnormalities (e.g. electro-coagulation, heater probe, laser photocoagulation, or injection therapy) (o) banding or sclerotherapy of oesophageal varices (p) Removal of foreign body (q) Dilatation of stenotic lesions (r) Further investigation of suspected achalasia (s) Palliative treatment of stenosing neoplasms Clinical Indications for a repeat upper G.I. endoscopy - no consultant or hospital benefits are payable for a repeat upper G.I. endoscopy within a 12 month period except for the following clinical indications: (1) Histological diagnosis of gastric or oesophageal ulcer (2) Coeliac disease – re-check for healing 3 months (once only) (3) Achalasia (4) Post banding of oesophageal varices (5) Patients diagnosed with an atypical (non-H. pylori-associated) or high-risk duodenal ulcer - benefit will be provided for one repeat endoscopy to re-biopsy (except by report) (6) Stent blockage (7) Re-biopsy of an oesophageal ulcer (8) Barrett's mucosa with dysplasia (9) Gastric mucosa showing dysplasia (10) Follow up of patients post gastric or oesophageal cancer - benefit will be provided for endoscopies as clinically indicated. New clinical indications, unrelated to the indications for an earlier endoscopy, within the 12 month period, themselves an identified indication (s) for endoscopy, will not be excluded by a prior endoscopy. Please refer to the initial endoscopy codes.
204	Gastric antral vascular ectasia, endoscopic argon plasma photocoagulation of	No	No	
205	Gastrostomy/ duodenotomy for haemorrhage	No	No	

GASTRIC

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
206	Upper gastrointestinal endoscopy with endoscopic mucosal resection	No	No	Clinical indications for an initial upper G.I. endoscopy (excludes repeat procedures within 12 months, for which there are other specific clinical indications), one of which must be included on claim form for payment: (a) Upper abdominal symptoms that persist in patients that have been tested and received treatment for Helicobacter pylori and/ or been treated with a trial of PPI's for 6 weeks (b) Upper abdominal symptoms associated with other symptoms or signs suggesting serious organic disease (i.e. anorexia and weight loss) or in patients > 45 years old (c) Dysphagia or odynophagia (d) Oesophageal reflux symptoms that are persistent or recurrent despite appropriate treatment (e) Persistent vomiting of unknown cause (f) Biopsy for suspected coeliac disease (g) Other diseases in which the presence of upper GI pathologic conditions might modify other planned management (h) Familial adenomatous polyposis syndromes (i) For confirmation and specific histologic diagnosis of radiological demonstrated lesions - suspected neoplastic lesion, gastric ulcer oesophageal ulcer, upper tract stricture or obstruction (j) Patients with active/ recent GI bleeding (k) Iron deficiency anaemia or chronic blood loss (l) Patients with suspected portal hypertension to document or treat oesophageal varices (m) To assess acute injury after caustic ingestion (n) Treatment of bleeding lesions such as ulcers, tumours, vascular abnormalities (e.g. electro-coagulation, heater probe, laser photocoagulation, or injection therapy) (o) banding or sclerotherapy of oesophageal varices (p) Removal of foreign body (q) Dilatation of stenotic lesions (r) Further investigation of suspected achalasia (s) Palliative treatment of stenosing neoplasms Clinical Indications for a repeat upper G.I. endoscopy - no consultant or hospital benefits are payable for a repeat upper G.I. endoscopy within a 12 month period except for the following clinical indications: (1) Histological diagnosis of gastric or oesophageal ulcer (2) Coeliac disease – re-check for healing 3 months (once only) (3) Achalasia (4) Post banding of oesophageal varices (5) Patients diagnosed with an atypical (non-H. pylori-associated) or high-risk duodenal ulcer - benefit will be provided for one repeat endoscopy to re-biopsy (except by report) (6) Stent blockage (7) Re-biopsy of an oesophageal ulcer (8) Barrett's mucosa with dysplasia (9) Gastric mucosa showing dysplasia (10) Follow up of patients post gastric or oesophageal cancer - benefit will be provided for endoscopies as clinically indicated. New clinical indications, unrelated to the indications for an earlier endoscopy, within the 12 month period, themselves an identified indication (s) for endoscopy, will not be excluded by a prior endoscopy. Please refer to the initial endoscopy codes.
215	Over-sewing of perforated peptic ulcer	No	No	
230	Ramstedt's operation	No	No	
235	Stomach transection	No	No	

HEAD & NECK

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
1041	Excision of carotid body tumour greater than 4 cms	No	No	
1042	Excision of carotid body tumour less than 4 cms	No	No	
1046	Excision of lesion of mucosa and submucosa, vestibule of mouth, with simple repair (I.P.)	Yes	No	Vestibule is considered to be the part of the oral cavity outside the dentoalveolar structure; it includes the mucosal and submucosal tissues of lips and cheeks
1047	Excision of lesion of mucosa and submucosa, vestibule of mouth, complex, with or without excision of underlying muscle (I.P.)	Yes	No	Vestibule is considered to be the part of the oral cavity outside the dentoalveolar structure; it includes the mucosal and submucosal tissues of lips and cheeks
1048	Excision of malignant growth of mucosa and submucosa, vestibule of mouth, wide excision with excision of underlying muscle, complex layered closure, with or without skin graft (I.P.)	No	No	Vestibule is considered to be the part of the oral cavity outside the dentoalveolar structure; it includes the mucosal and submucosal tissues of lips and cheeks
1055	Cyst or benign tumour on lip, excision of (I.P.)	Yes	No	
1058	Epithelioma of lip, lip shave	Yes	No	
1059	Epithelioma of lip, wedge excision	No	No	
1065	Branchial cyst, pouch or fistula, excision of	No	No	
1075	Cysts or tuberculosis glands of neck (deep to deep fascia) excision of	No	No	
1080	Conservative neck dissection	No	No	
1082	Radical neck dissection	No	No	
1085	Thyroglossal cyst or fistula, excision of	No	No	
1090	Torticollis, partial excision, open correction of	No	No	
1095	Tuberculous caseous glands or sinuses, curettage of	Yes	No	
1096	Oesophageal anastomosis, (repair and short circuit)	No	No	
1097	Partial oesophagectomy	No	No	
1098	Gastrointestinal reconstruction for previous oesophagectomy, for obstructing oesophageal lesion or fistula, or for previous oesophageal exclusion with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	No	No	
1100	Laceration of palate, repair of	Yes	No	
1104	Biopsy lesion of palate	No	No	
1105	Radical operation for malignant growth of palate	No	No	
1106	Partial maxillectomy including plastic reconstruction	No	No	

HEAD & NECK

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
1107	Total maxillectomy including plastic reconstruction	No	No	

HERNIA

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
241	Laparoscopic, surgical repair, epigastric/ ventral hernia (includes mesh insertion) initial or recurrent (I.P.)	No	No	
243	Laparoscopic surgical repair, epigastric/ ventral hernia (initial or recurrent) (I.P.)	No	No	
244	Laparoscopic surgical repair, epigastric/ ventral hernia; incarcerated or strangulated (I.P.)	No	No	
245	Epigastric/ ventral hernia, repair of (I.P.)	No	No	
246	Exomphalos, minor	No	No	
247	Exomphalos, major	No	No	
248	Exomphalos, delayed	No	No	
249	Laparoscopic, surgical repair, epigastric/ ventral hernia (includes mesh insertion) incarcerated or strangulated (I.P.)	No	No	
250	Femoral hernia, repair of, bilateral	No	No	
255	Femoral hernia, repair of, unilateral (I.P.)	No	No	
270	Hiatus hernia, abdominal repair of	No	No	
271	Laparoscopic repair of hiatus hernia	No	No	Clinical Indications for procedure code 271 are as follows: (a) Patients with a diagnosis of gastro-oesophageal reflex disease confirmed by both (i) Gastroscopy with photographic evidence of oesophagitis and 24 hour monitoring positive for reflux, i.e. identifying (1) a pH of less than 4 or greater than 5% of the day (2) a de Meester score greater than 15 (ii) Failure to respond to at least 8 weeks of treatment with proton pump inhibitors Code 271 is not claimable in conjunction with procedure codes 194, 590 or 5917.
272	Laparoscopic repair of paraoesophageal hernia, including fundoplasty (I.P.)	No	No	
275	Hiatus hernia, transthoracic, repair of (I.P.)	No	No	
276	Laparoscopic surgical repair of incisional hernia (includes mesh insertion) (initial or recurrent) (I.P.)	No	No	

HERNIA

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
277	Laparoscopic surgical repair of incisional hernia (includes mesh insertion), incarcerated or strangulated (I.P.)	No	No	
278	Laparoscopic surgical repair of incisional hernia, initial or recurrent (I.P.)	No	No	
279	Laparoscopic surgical repair of incisional hernia, incarcerated or strangulated (I.P.)	No	No	
280	Incisional hernia, repair of (I.P.)	No	No	
283	Inguinal hernia, neonate up to six weeks of age, laparoscopic repair of, unilateral (I.P.)	No	No	
284	Inguinal hernia, laparoscopic repair of, bilateral (I.P.)	No	No	
285	Inguinal hernia, repair of, bilateral (I.P.)	No	No	
286	Inguinal hernia, neonate up to six weeks of age, laparoscopic repair of, bilateral (I.P.)	No	No	
287	Inguinal hernia, laparoscopic repair of, unilateral (I.P.)	No	No	
288	Strangulated inguinal hernia, laparoscopic repair of, unilateral (I.P.)	No	No	
289	Repair of inguinal hernia, neonate up to six weeks of age, bilateral (I.P.)	No	No	
290	Inguinal hernia, repair of, unilateral (I.P.)	No	No	
291	Strangulated inguinal hernia, unilateral (I.P.)	No	No	
292	Repair of inguinal hernia, neonate up to six weeks of age, unilateral (I.P.)	No	No	
295	Patent urachus, closure and repair of abdominal muscles	No	No	
305	Recurrent hernia, repair of (I.P.)	No	No	
310	Umbilical hernia, repair of (I.P.)	No	No	
443111	Repair laparoscopically of para-oesophageal hernia, including fundoplasty and mesh insertion (I.P.)	No	No	

JEJUNUM & ILEUM

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
320	Congenital defects, correction of (including Meckel's diverticulum)	No	No	
331	Gastroschisis	No	No	

JEJUNUM & ILEUM

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
355	Ileostomy or laparoscopic loop ileostomy (I.P.)	No	No	
356	Ileoscopy, through stoma, with or without biopsy	No	No	
360	Resection of small intestine; single resection and anastomosis (I.P.)	No	No	
361	Intestinal atresia, single/ multiple	No	No	
362	Intestinal stricturalplasty (enterotomy & enterorrahaphy) with or without dilation, for intestinal obstruction	No	No	
363	Intestinal stricturoplasty (enterotomy & enterorrahaphy) with or without dilation, for intestinal obstruction, multiple, 3 or more	No	No	
364	Hydrostatic reduction of intussusception	No	No	
370	Jejunostomy	No	No	
384	Laparoscopic resection and anastomosis of jejunum or ileum	No	No	
385	Resection and anastomosis of jejunum or ileum	No	No	
386	Surgical reduction of intussusception including repair with or without appendicectomy	No	No	

LARGE INTESTINE

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
389	Anal canal examination under anaesthesia (EUA) (I.P.)	No	No	
390	Anal canal, plastic repair of (for incontinence)	No	No	
391	Laparoscopic, low anterior/ abdomino-perineal resection with colo-anal anastomosis	No	No	
392	Laparoscopic, mid/ high anterior resection with colo-anal anastomosis	No	No	
395	Anal fissure, dilatation of anus (I.P.)	No	No	
396	Anoplasty for low anorectal anomaly	No	No	
397	Anorectal anomaly, posterior sagittal anorectoplasty (PSARP), for high/ intermediate anorectal anomaly	No	No	

LARGE INTESTINE

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
400	Lateral internal sphincterotomy (I.P.)	No	No	
401	Botulinum toxin injection of anal sphincter under general anaesthetic	No	No	
404	Parks' anal sphincter repair	No	No	
410	Anus, excision of epithelioma of, with colostomy	No	No	
415	Anus, excision of epithelioma of, without colostomy	No	No	
420	Caecostomy (I.P.)	No	No	
425	Caecostomy or colostomy, closure of	No	No	
430	Colectomy, partial	No	No	Cannot be charged in conjunction with code 435, 436
431	Laparoscopic colectomy, partial	No	No	
432	Laparoscopic colectomy, total	No	No	
433	Laparoscopic colectomy, total with ileal pouch reconstruction	No	No	
434	Laparoscopic surgical closure of enterostomy, large or small intestine, with resection and anastomosis	No	No	
435	Colectomy, total	No	No	Cannot be charged in conjunction with code 430, 436
436	Total colectomy and ileal pouch construction with temporary ileostomy	No	No	Cannot be charged in conjunction with code 430, 435
437	Closure of ileostomy	No	No	
438	Total colectomy for toxic megacolon	No	No	
439	Pelvic exenteration for colorectal malignancy, with proctectomy (with or without colostomy), with removal of bladder and urethral transplantations, and/ or hysterectomy, or cervicectomy, with or without removal of tube(s), with or without removal of ovary(ies), or any combination thereof	No	No	
448	Double balloon enteroscopy (antegrade or retrograde)	No	No	Clinical Indications for procedure code 448 are as follows: (a) For investigating suspected small intestinal bleeding in persons with objective evidence of recurrent, obscure gastrointestinal bleeding (e.g. iron-deficiency anaemia, positive faecal occult blood test, or visible bleeding) who have had upper and lower gastrointestinal endoscopies that have failed to identify a bleeding source (b) For initial diagnosis in persons with suspected Crohn's disease (abdominal pain, diarrhoea, elevated ESR, elevated white cell count, fever, gastrointestinal bleeding, or weight loss) without evidence of disease on conventional diagnostic tests, including small bowel follow through and upper and lower endoscopy (c) For treating members with gastrointestinal bleeding when the small intestine has been identified as the source of bleeding

LARGE INTESTINE

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
449	Endoscopic evaluation of small intestinal (abdominal or pelvic) pouch; diagnostic, with or without collection of specimen by brushing or washing, with or without biopsy, single or multiple	No	No	
450	Colonoscopy, left side	No	No	Note: if CT Colonography or a barium enema is performed within 6 weeks of a colonoscopy, benefit for an incomplete colonoscopy only is payable (if performed) Initial colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows: (a) Benefit, in accordance with the Ground Rules, will be payable for an initial colonoscopic, proctoscopic or sigmoidoscopic examination Repeat colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows: (b) No consultant or hospital benefits are payable for repeat colonoscopic, proctoscopic or sigmoidoscopic examinations within 36 months of the initial examination except for the following clinical indications: (i) Following removal of adenomas with dysplasia (ii) Multiple or large adenomas which could not be satisfactorily cleared in one endoscopy session (iii) Pre-operative assessment of chronic inflammatory bowel disease (IBD) (iv) Relapse of IBD following change of therapy - post-colonic cancer surgery at 1, 3 and 5 years (v) In Crohns disease, post resection, assessment of surgical anastomosis after 6 months (vi) Cancer surveillance in chronic pan ulcerative colitis (vii) Where the patient's presenting symptoms indicate that a one sided colonoscopy is necessary and where the findings from that procedure suggest the possibility of disease elsewhere in the colon necessitating complete colon examination. The findings are as follows: (1) Colonic polyps (2) Colonic carcinoma (3) Inflammatory bowel disease (4) Blood stained mucus or stool coming from beyond the range of a left sided colon examination (Viii) Repeat full colonoscopy when there is unexplained deterioration in symptomatology not explained by left sided colonoscopy (ix) Left colonoscopy to assess disease activity at the time of significant reduction or withdrawal of medication (x) Left colonoscopy at the time of significant symptomatic relapse (xi) Left colonoscopy where there is a failure to respond to treatment or where there is suspicion of a second diagnosis such as clostridium difficile infection with superimposed pseudo membranous colitis (xii) Evaluation of an abdominal mass (c) New clinical indications unrelated to the original indications for endoscopy, themselves an identified indication for endoscopy, will not be excluded by a prior endoscopy (d) When a barium enema is carried out following a colonoscopy, the benefit for a one side colonoscopy, proctoscopy or sigmoidoscopy only is payable (e) Clinical indications for which ILH pay for surveillance colonoscopy: (i) Individuals who have two first degree relatives diagnosed with colorectal cancer (ii) Individuals with a family history of polyposis coli (iii) Individuals with a family history of hereditary non-polyposis coli (iv) Individuals who have a first degree relative who developed colorectal cancer before the age of sixty years will be entitled to benefit for colonoscopy every five years, beginning at age forty years or ten years before the age of the youngest affected relative, whichever is the first For indications (e)(i) to (e)(iv) ILH will pay an initial colonoscopy and, if normal, repeats at 5 yearly intervals

LARGE INTESTINE

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
454	Incomplete colonoscopy, claimable where the scope reached beyond the splenic flexure but where it was not possible to reach the caecum because of obstruction or lesion (for colonoscopy to the splenic flexure please use code 450)	No	No	Note: if CT Colonography or a barium enema is performed within 6 weeks of a colonoscopy, benefit for an incomplete colonoscopy only is payable (if performed) Initial colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows: (a) Benefit, in accordance with the Ground Rules, will be payable for an initial colonoscopic, proctoscopic or sigmoidoscopic examination Repeat colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows: (b) No consultant or hospital benefits are payable for repeat colonoscopic, proctoscopic or sigmoidoscopic examinations within 36 months of the initial examination except for the following clinical indications: (i) Following removal of adenomas with dysplasia (ii) Multiple or large adenomas which could not be satisfactorily cleared in one endoscopy session (iii) Pre-operative assessment of chronic inflammatory bowel disease (IBD) (iv) Relapse of IBD following change of therapy - post-colonic cancer surgery at 1, 3 and 5 years (v) In Crohns disease, post resection, assessment of surgical anastomosis after 6 months (vi) Cancer surveillance in chronic pan ulcerative colitis (vii) Where the patient's presenting symptoms indicate that a one sided colonoscopy is necessary and where the findings from that procedure suggest the possibility of disease elsewhere in the colon necessitating complete colon examination. The findings are as follows: (1) Colonic polyps (2) Colonic carcinoma (3) Inflammatory bowel disease (4) Blood stained mucus or stool coming from beyond the range of a left sided colon examination (Viii) Repeat full colonoscopy when there is unexplained deterioration in symptomatology not explained by left sided colonoscopy (ix) Left colonoscopy to assess disease activity at the time of significant reduction or withdrawal of medication (x) Left colonoscopy at the time of significant symptomatic relapse (xi) Left colonoscopy where there is a failure to respond to treatment or where there is suspicion of a second diagnosis such as clostridium difficile infection with superimposed pseudo membranous colitis (xii) Evaluation of an abdominal mass (c) New clinical indications unrelated to the original indications for endoscopy, themselves an identified indication for endoscopy, will not be excluded by a prior endoscopy (d) When a barium enema is carried out following a colonoscopy, the benefit for a one side colonoscopy, proctoscopy or sigmoidoscopy only is payable (e) Clinical indications for which ILH pay for surveillance colonoscopy: (i) Individuals who have two first degree relatives diagnosed with colorectal cancer (ii) Individuals with a family history of polyposis coli (iii) Individuals with a family history of hereditary non-polyposis coli (iv) Individuals who have a first degree relative who developed colorectal cancer before the age of sixty years will be entitled to benefit for colonoscopy every five years, beginning at age forty years or ten years before the age of the youngest affected relative, whichever is the first For indications (e)(i) to (e)(iv) ILH will pay an initial colonoscopy and, if normal, repeats at 5 yearly intervals

LARGE INTESTINE

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
455	Colonoscopy, full colon	No	No	Note: if CT Colonography or a barium enema is performed within 6 weeks of a colonoscopy, benefit for an incomplete colonoscopy only is payable (if performed) Initial colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows: (a) Benefit, in accordance with the Ground Rules, will be payable for an initial colonoscopic, proctoscopic or sigmoidoscopic examination Repeat colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows: (b) No consultant or hospital benefits are payable for repeat colonoscopic, proctoscopic or sigmoidoscopic examinations within 36 months of the initial examination except for the following clinical indications: (i) Following removal of adenomas with dysplasia (ii) Multiple or large adenomas which could not be satisfactorily cleared in one endoscopy session (iii) Pre-operative assessment of chronic inflammatory bowel disease (IBD) (iv) Relapse of IBD following change of therapy - post-colonic cancer surgery at 1, 3 and 5 years (v) In Crohns disease, post resection, assessment of surgical anastomosis after 6 months (vi) Cancer surveillance in chronic pan ulcerative colitis (vii) Where the patient's presenting symptoms indicate that a one sided colonoscopy is necessary and where the findings from that procedure suggest the possibility of disease elsewhere in the colon necessitating complete colon examination. The findings are as follows: (1) Colonic polyps (2) Colonic carcinoma (3) Inflammatory bowel disease (4) Blood stained mucus or stool coming from beyond the range of a left sided colon examination (Viii) Repeat full colonoscopy when there is unexplained deterioration in symptomatology not explained by left sided colonoscopy (ix) Left colonoscopy to assess disease activity at the time of significant reduction or withdrawal of medication (x) Left colonoscopy at the time of significant symptomatic relapse (xi) Left colonoscopy where there is a failure to respond to treatment or where there is suspicion of a second diagnosis such as clostridium difficile infection with superimposed pseudo membranous colitis (xii) Evaluation of an abdominal mass (c) New clinical indications unrelated to the original indications for endoscopy, themselves an identified indication for endoscopy, will not be excluded by a prior endoscopy (d) When a barium enema is carried out following a colonoscopy, the benefit for a one side colonoscopy, proctoscopy or sigmoidoscopy only is payable (e) Clinical indications for which ILH pay for surveillance colonoscopy: (i) Individuals who have two first degree relatives diagnosed with colorectal cancer (ii) Individuals with a family history of polyposis coli (iii) Individuals with a family history of hereditary non-polyposis coli (iv) Individuals who have a first degree relative who developed colorectal cancer before the age of sixty years will be entitled to benefit for colonoscopy every five years, beginning at age forty years or ten years before the age of the youngest affected relative, whichever is the first For indications (e)(i) to (e)(iv) ILH will pay an initial colonoscopy and, if normal, repeats at 5 yearly intervals

LARGE INTESTINE

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
456	Colonoscopy, left side, plus polypectomy	No	No	Note: if CT Colonography or a barium enema is performed within 6 weeks of a colonoscopy, benefit for an incomplete colonoscopy only is payable (if performed) Initial colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows: (a) Benefit, in accordance with the Ground Rules, will be payable for an initial colonoscopic, proctoscopic or sigmoidoscopic examination Repeat colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows: (b) No consultant or hospital benefits are payable for repeat colonoscopic, proctoscopic or sigmoidoscopic examinations within 36 months of the initial examination except for the following clinical indications: (i) Following removal of adenomas with dysplasia (ii) Multiple or large adenomas which could not be satisfactorily cleared in one endoscopy session (iii) Pre-operative assessment of chronic inflammatory bowel disease (IBD) (iv) Relapse of IBD following change of therapy - post-colonic cancer surgery at 1, 3 and 5 years (v) In Crohns disease, post resection, assessment of surgical anastomosis after 6 months (vi) Cancer surveillance in chronic pan ulcerative colitis (vii) Where the patient's presenting symptoms indicate that a one sided colonoscopy is necessary and where the findings from that procedure suggest the possibility of disease elsewhere in the colon necessitating complete colon examination. The findings are as follows: (1) Colonic polyps (2) Colonic carcinoma (3) Inflammatory bowel disease (4) Blood stained mucus or stool coming from beyond the range of a left sided colon examination (Viii) Repeat full colonoscopy when there is unexplained deterioration in symptomatology not explained by left sided colonoscopy (ix) Left colonoscopy to assess disease activity at the time of significant reduction or withdrawal of medication (x) Left colonoscopy at the time of significant symptomatic relapse (xi) Left colonoscopy where there is a failure to respond to treatment or where there is suspicion of a second diagnosis such as clostridium difficile infection with superimposed pseudo membranous colitis (xii) Evaluation of an abdominal mass (c) New clinical indications unrelated to the original indications for endoscopy, themselves an identified indication for endoscopy, will not be excluded by a prior endoscopy (d) When a barium enema is carried out following a colonoscopy, the benefit for a one side colonoscopy, proctoscopy or sigmoidoscopy only is payable (e) Clinical indications for which ILH pay for surveillance colonoscopy: (i) Individuals who have two first degree relatives diagnosed with colorectal cancer (ii) Individuals with a family history of polyposis coli (iii) Individuals with a family history of hereditary non-polyposis coli (iv) Individuals who have a first degree relative who developed colorectal cancer before the age of sixty years will be entitled to benefit for colonoscopy every five years, beginning at age forty years or ten years before the age of the youngest affected relative, whichever is the first For indications (e)(i) to (e)(iv) ILH will pay an initial colonoscopy and, if normal, repeats at 5 yearly intervals

LARGE INTESTINE

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
457	Colonoscopy plus polypectomy, full colon	No	No	Note: if CT Colonography or a barium enema is performed within 6 weeks of a colonoscopy, benefit for an incomplete colonoscopy only is payable (if performed) Initial colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows: (a) Benefit, in accordance with the Ground Rules, will be payable for an initial colonoscopic, proctoscopic or sigmoidoscopic examination Repeat colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows: (b) No consultant or hospital benefits are payable for repeat colonoscopic, proctoscopic or sigmoidoscopic examinations within 36 months of the initial examination except for the following clinical indications: (i) Following removal of adenomas with dysplasia (ii) Multiple or large adenomas which could not be satisfactorily cleared in one endoscopy session (iii) Pre-operative assessment of chronic inflammatory bowel disease (IBD) (iv) Relapse of IBD following change of therapy - post-colonic cancer surgery at 1, 3 and 5 years (v) In Crohns disease, post resection, assessment of surgical anastomosis after 6 months (vi) Cancer surveillance in chronic pan ulcerative colitis (vii) Where the patient's presenting symptoms indicate that a one sided colonoscopy is necessary and where the findings from that procedure suggest the possibility of disease elsewhere in the colon necessitating complete colon examination. The findings are as follows: (1) Colonic polyps (2) Colonic carcinoma (3) Inflammatory bowel disease (4) Blood stained mucus or stool coming from beyond the range of a left sided colon examination (Viii) Repeat full colonoscopy when there is unexplained deterioration in symptomatology not explained by left sided colonoscopy (ix) Left colonoscopy to assess disease activity at the time of significant reduction or withdrawal of medication (x) Left colonoscopy at the time of significant symptomatic relapse (xi) Left colonoscopy where there is a failure to respond to treatment or where there is suspicion of a second diagnosis such as clostridium difficile infection with superimposed pseudo membranous colitis (xii) Evaluation of an abdominal mass (c) New clinical indications unrelated to the original indications for endoscopy, themselves an identified indication for endoscopy, will not be excluded by a prior endoscopy (d) When a barium enema is carried out following a colonoscopy, the benefit for a one side colonoscopy, proctoscopy or sigmoidoscopy only is payable (e) Clinical indications for which ILH pay for surveillance colonoscopy: (i) Individuals who have two first degree relatives diagnosed with colorectal cancer (ii) Individuals with a family history of polyposis coli (iii) Individuals with a family history of hereditary non-polyposis coli (iv) Individuals who have a first degree relative who developed colorectal cancer before the age of sixty years will be entitled to benefit for colonoscopy every five years, beginning at age forty years or ten years before the age of the youngest affected relative, whichever is the first For indications (e)(i) to (e)(iv) ILH will pay an initial colonoscopy and, if normal, repeats at 5 yearly intervals

LARGE INTESTINE

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
458	Left colonoscopy and laser photocoagulation of rectum	No	No	Note: if CT Colonography or a barium enema is performed within 6 weeks of a colonoscopy, benefit for an incomplete colonoscopy only is payable (if performed) Initial colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows: (a) Benefit, in accordance with the Ground Rules, will be payable for an initial colonoscopic, proctoscopic or sigmoidoscopic examination Repeat colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows: (b) No consultant or hospital benefits are payable for repeat colonoscopic, proctoscopic or sigmoidoscopic examinations within 36 months of the initial examination except for the following clinical indications: (i) Following removal of adenomas with dysplasia (ii) Multiple or large adenomas which could not be satisfactorily cleared in one endoscopy session (iii) Pre-operative assessment of chronic inflammatory bowel disease (IBD) (iv) Relapse of IBD following change of therapy - post-colonic cancer surgery at 1, 3 and 5 years (v) In Crohns disease, post resection, assessment of surgical anastomosis after 6 months (vi) Cancer surveillance in chronic pan ulcerative colitis (vii) Where the patient's presenting symptoms indicate that a one sided colonoscopy is necessary and where the findings from that procedure suggest the possibility of disease elsewhere in the colon necessitating complete colon examination. The findings are as follows: (1) Colonic polyps (2) Colonic carcinoma (3) Inflammatory bowel disease (4) Blood stained mucus or stool coming from beyond the range of a left sided colon examination (Viii) Repeat full colonoscopy when there is unexplained deterioration in symptomatology not explained by left sided colonoscopy (ix) Left colonoscopy to assess disease activity at the time of significant reduction or withdrawal of medication (x) Left colonoscopy at the time of significant symptomatic relapse (xi) Left colonoscopy where there is a failure to respond to treatment or where there is suspicion of a second diagnosis such as clostridium difficile infection with superimposed pseudo membranous colitis (xii) Evaluation of an abdominal mass (c) New clinical indications unrelated to the original indications for endoscopy, themselves an identified indication for endoscopy, will not be excluded by a prior endoscopy (d) When a barium enema is carried out following a colonoscopy, the benefit for a one side colonoscopy, proctoscopy or sigmoidoscopy only is payable (e) Clinical indications for which ILH pay for surveillance colonoscopy: (i) Individuals who have two first degree relatives diagnosed with colorectal cancer (ii) Individuals with a family history of polyposis coli (iii) Individuals with a family history of hereditary non-polyposis coli (iv) Individuals who have a first degree relative who developed colorectal cancer before the age of sixty years will be entitled to benefit for colonoscopy every five years, beginning at age forty years or ten years before the age of the youngest affected relative, whichever is the first For indications (e)(i) to (e)(iv) ILH will pay an initial colonoscopy and, if normal, repeats at 5 yearly intervals

LARGE INTESTINE

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
459	Colonoscopy, full colon and laser photocoagulation of rectum	No	No	Note: if CT Colonography or a barium enema is performed within 6 weeks of a colonoscopy, benefit for an incomplete colonoscopy only is payable (if performed) Initial colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows: (a) Benefit, in accordance with the Ground Rules, will be payable for an initial colonoscopic, proctoscopic or sigmoidoscopic examination Repeat colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows: (b) No consultant or hospital benefits are payable for repeat colonoscopic, proctoscopic or sigmoidoscopic examinations within 36 months of the initial examination except for the following clinical indications: (i) Following removal of adenomas with dysplasia (ii) Multiple or large adenomas which could not be satisfactorily cleared in one endoscopy session (iii) Pre-operative assessment of chronic inflammatory bowel disease (IBD) (iv) Relapse of IBD following change of therapy - post-colonic cancer surgery at 1, 3 and 5 years (v) In Crohns disease, post resection, assessment of surgical anastomosis after 6 months (vi) Cancer surveillance in chronic pan ulcerative colitis (vii) Where the patient's presenting symptoms indicate that a one sided colonoscopy is necessary and where the findings from that procedure suggest the possibility of disease elsewhere in the colon necessitating complete colon examination. The findings are as follows: (1) Colonic polyps (2) Colonic carcinoma (3) Inflammatory bowel disease (4) Blood stained mucus or stool coming from beyond the range of a left sided colon examination (Viii) Repeat full colonoscopy when there is unexplained deterioration in symptomatology not explained by left sided colonoscopy (ix) Left colonoscopy to assess disease activity at the time of significant reduction or withdrawal of medication (x) Left colonoscopy at the time of significant symptomatic relapse (xi) Left colonoscopy where there is a failure to respond to treatment or where there is suspicion of a second diagnosis such as clostridium difficile infection with superimposed pseudo membranous colitis (xii) Evaluation of an abdominal mass (c) New clinical indications unrelated to the original indications for endoscopy, themselves an identified indication for endoscopy, will not be excluded by a prior endoscopy (d) When a barium enema is carried out following a colonoscopy, the benefit for a one side colonoscopy, proctoscopy or sigmoidoscopy only is payable (e) Clinical indications for which ILH pay for surveillance colonoscopy: (i) Individuals who have two first degree relatives diagnosed with colorectal cancer (ii) Individuals with a family history of polyposis coli (iii) Individuals with a family history of hereditary non-polyposis coli (iv) Individuals who have a first degree relative who developed colorectal cancer before the age of sixty years will be entitled to benefit for colonoscopy every five years, beginning at age forty years or ten years before the age of the youngest affected relative, whichever is the first For indications (e)(i) to (e)(iv) ILH will pay an initial colonoscopy and, if normal, repeats at 5 yearly intervals
460	Colostomy (I.P.)	No	No	
461	Reduction of prolapsed colostomy stoma	Yes	No	
462	Gastrointestinal endoscopic mucosal resection (EMR)	No	No	Indications include: Tumours, areas of abnormal tissue, precancerous lesions or superficial cancerous tumours with clear margins with, early stage gastric and colon cancers or Barrett's oesophagus. Procedure must involve the injection of submucosal tissue to lift the lesion and either snaring or dissection of the lesion. May only be billed one every 6 months. Subsequent procedure may be considered if clinical rationale for same is provided.
465	Resection of bowel and colostomy or anastomosis for diverticulitis	No	No	

LARGE INTESTINE

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
466	Endoscopic transanal resection of large (> 2cm) villous adenomas/ malignant tumours of rectum (ETART), using resectoscope	No	No	
467	Colonoscopy with transendoscopic stent placement (includes pre-dilation)	No	No	
468	Excision of rectal tumour, transanal approach	No	No	
470	Faecal fistula, closure or resection	No	No	
485	Anal fistulotomy (I.P.)	No	No	
486	Fistula-in-ano, excision with endo-anal flap and advancement (I.P.)	No	No	
487	Fistula-in-ano, insertion/ change of seton (I.P.)	No	No	
488	Ano-rectal manometry	Yes	No	
490	Haemorrhoidectomy (external) (I.P.)	No	No	
495	Haemorrhoidectomy, external, multiple (I.P.)	No	No	
500	Haemorrhoidectomy (internal) includes exploration of anal canal (I.P.)	No	No	
501	Haemorrhoidopexy (e.g. for prolapsing internal haemorrhoids) by stapling	No	No	
506	Haemorrhoids, injection and/ or banding (I.P.)	Yes	No	
513	Meconium ileus, open reduction with or without stoma	No	No	
514	Meconium ileus reduction	No	No	
515	Imperforate anus, simple incision	Yes	No	
516	Necrotising enterocolitis, percutaneous drainage	No	No	
517	Necrotising enterocolitis, laparotomy resection/ stoma	No	No	
518	Panproctocolectomy	No	No	
520	Imperforate anus, with colostomy or pull through operation	No	No	
525	Ischio-rectal abscess, incision and drainage (I.P.)	No	No	

LARGE INTESTINE

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
530	Proctoscopy or sigmoidoscopy (I.P.)	Yes	No	Note: if CT Colonography or a barium enema is performed within 6 weeks of a colonoscopy, benefit for an incomplete colonoscopy only is payable (if performed) Initial colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows: (a) Benefit, in accordance with the Ground Rules, will be payable for an initial colonoscopic, proctoscopic or sigmoidoscopic examination Repeat colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows: (b) No consultant or hospital benefits are payable for repeat colonoscopic, proctoscopic or sigmoidoscopic examinations within 36 months of the initial examination except for the following clinical indications: (i) Following removal of adenomas with dysplasia (ii) Multiple or large adenomas which could not be satisfactorily cleared in one endoscopy session (iii) Pre-operative assessment of chronic inflammatory bowel disease (IBD) (iv) Relapse of IBD following change of therapy - post-colonic cancer surgery at 1, 3 and 5 years (v) In Crohns disease, post resection, assessment of surgical anastomosis after 6 months (vi) Cancer surveillance in chronic pan ulcerative colitis (vii) Where the patient's presenting symptoms indicate that a one sided colonoscopy is necessary and where the findings from that procedure suggest the possibility of disease elsewhere in the colon necessitating complete colon examination. The findings are as follows: (1) Colonic polyps (2) Colonic carcinoma (3) Inflammatory bowel disease (4) Blood stained mucus or stool coming from beyond the range of a left sided colon examination (Viii) Repeat full colonoscopy when there is unexplained deterioration in symptomatology not explained by left sided colonoscopy (ix) Left colonoscopy to assess disease activity at the time of significant reduction or withdrawal of medication (x) Left colonoscopy at the time of significant symptomatic relapse (xi) Left colonoscopy where there is a failure to respond to treatment or where there is suspicion of a second diagnosis such as clostridium difficile infection with superimposed pseudo membranous colitis (xii) Evaluation of an abdominal mass (c) New clinical indications unrelated to the original indications for endoscopy, themselves an identified indication for endoscopy, will not be excluded by a prior endoscopy (d) When a barium enema is carried out following a colonoscopy, the benefit for a one side colonoscopy, proctoscopy or sigmoidoscopy only is payable (e) Clinical indications for which ILH pay for surveillance colonoscopy: (i) Individuals who have two first degree relatives diagnosed with colorectal cancer (ii) Individuals with a family history of polyposis coli (iii) Individuals with a family history of hereditary non-polyposis coli (iv) Individuals who have a first degree relative who developed colorectal cancer before the age of sixty years will be entitled to benefit for colonoscopy every five years, beginning at age forty years or ten years before the age of the youngest affected relative, whichever is the first For indications (e)(i) to (e)(iv) ILH will pay an initial colonoscopy and, if normal, repeats at 5 yearly intervals

LARGE INTESTINE

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
535	Proctoscopy or sigmoidoscopy, with biopsy (I.P.)	Yes	No	Note: if CT Colonography or a barium enema is performed within 6 weeks of a colonoscopy, benefit for an incomplete colonoscopy only is payable (if performed) Initial colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows: (a) Benefit, in accordance with the Ground Rules, will be payable for an initial colonoscopic, proctoscopic or sigmoidoscopic examination Repeat colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows: (b) No consultant or hospital benefits are payable for repeat colonoscopic, proctoscopic or sigmoidoscopic examinations within 36 months of the initial examination except for the following clinical indications: (i) Following removal of adenomas with dysplasia (ii) Multiple or large adenomas which could not be satisfactorily cleared in one endoscopy session (iii) Pre-operative assessment of chronic inflammatory bowel disease (IBD) (iv) Relapse of IBD following change of therapy - post-colonic cancer surgery at 1, 3 and 5 years (v) In Crohns disease, post resection, assessment of surgical anastomosis after 6 months (vi) Cancer surveillance in chronic pan ulcerative colitis (vii) Where the patient's presenting symptoms indicate that a one sided colonoscopy is necessary and where the findings from that procedure suggest the possibility of disease elsewhere in the colon necessitating complete colon examination. The findings are as follows: (1) Colonic polyps (2) Colonic carcinoma (3) Inflammatory bowel disease (4) Blood stained mucus or stool coming from beyond the range of a left sided colon examination (Viii) Repeat full colonoscopy when there is unexplained deterioration in symptomatology not explained by left sided colonoscopy (ix) Left colonoscopy to assess disease activity at the time of significant reduction or withdrawal of medication (x) Left colonoscopy at the time of significant symptomatic relapse (xi) Left colonoscopy where there is a failure to respond to treatment or where there is suspicion of a second diagnosis such as clostridium difficile infection with superimposed pseudo membranous colitis (xii) Evaluation of an abdominal mass (c) New clinical indications unrelated to the original indications for endoscopy, themselves an identified indication for endoscopy, will not be excluded by a prior endoscopy (d) When a barium enema is carried out following a colonoscopy, the benefit for a one side colonoscopy, proctoscopy or sigmoidoscopy only is payable (e) Clinical indications for which ILH pay for surveillance colonoscopy: (i) Individuals who have two first degree relatives diagnosed with colorectal cancer (ii) Individuals with a family history of polyposis coli (iii) Individuals with a family history of hereditary non-polyposis coli (iv) Individuals who have a first degree relative who developed colorectal cancer before the age of sixty years will be entitled to benefit for colonoscopy every five years, beginning at age forty years or ten years before the age of the youngest affected relative, whichever is the first For indications (e)(i) to (e)(iv) ILH will pay an initial colonoscopy and, if normal, repeats at 5 yearly intervals

LARGE INTESTINE

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
536	Diagnostic flexible sigmoidoscopy and biopsies (I.P.)	Yes	No	Note: if CT Colonography or a barium enema is performed within 6 weeks of a colonoscopy, benefit for an incomplete colonoscopy only is payable (if performed) Initial colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows: (a) Benefit, in accordance with the Ground Rules, will be payable for an initial colonoscopic, proctoscopic or sigmoidoscopic examination Repeat colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows: (b) No consultant or hospital benefits are payable for repeat colonoscopic, proctoscopic or sigmoidoscopic examinations within 36 months of the initial examination except for the following clinical indications: (i) Following removal of adenomas with dysplasia (ii) Multiple or large adenomas which could not be satisfactorily cleared in one endoscopy session (iii) Pre-operative assessment of chronic inflammatory bowel disease (IBD) (iv) Relapse of IBD following change of therapy - post-colonic cancer surgery at 1, 3 and 5 years (v) In Crohns disease, post resection, assessment of surgical anastomosis after 6 months (vi) Cancer surveillance in chronic pan ulcerative colitis (vii) Where the patient's presenting symptoms indicate that a one sided colonoscopy is necessary and where the findings from that procedure suggest the possibility of disease elsewhere in the colon necessitating complete colon examination. The findings are as follows: (1) Colonic polyps (2) Colonic carcinoma (3) Inflammatory bowel disease (4) Blood stained mucus or stool coming from beyond the range of a left sided colon examination (Viii) Repeat full colonoscopy when there is unexplained deterioration in symptomatology not explained by left sided colonoscopy (ix) Left colonoscopy to assess disease activity at the time of significant reduction or withdrawal of medication (x) Left colonoscopy at the time of significant symptomatic relapse (xi) Left colonoscopy where there is a failure to respond to treatment or where there is suspicion of a second diagnosis such as clostridium difficile infection with superimposed pseudo membranous colitis (xii) Evaluation of an abdominal mass (c) New clinical indications unrelated to the original indications for endoscopy, themselves an identified indication for endoscopy, will not be excluded by a prior endoscopy (d) When a barium enema is carried out following a colonoscopy, the benefit for a one side colonoscopy, proctoscopy or sigmoidoscopy only is payable (e) Clinical indications for which ILH pay for surveillance colonoscopy: (i) Individuals who have two first degree relatives diagnosed with colorectal cancer (ii) Individuals with a family history of polyposis coli (iii) Individuals with a family history of hereditary non-polyposis coli (iv) Individuals who have a first degree relative who developed colorectal cancer before the age of sixty years will be entitled to benefit for colonoscopy every five years, beginning at age forty years or ten years before the age of the youngest affected relative, whichever is the first For indications (e)(i) to (e)(iv) ILH will pay an initial colonoscopy and, if normal, repeats at 5 yearly intervals

LARGE INTESTINE

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
540	Proctoscopy or sigmoidoscopy with biopsy of muscle coats of bowel, for megacolon	No	No	Note: if CT Colonography or a barium enema is performed within 6 weeks of a colonoscopy, benefit for an incomplete colonoscopy only is payable (if performed) Initial colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows: (a) Benefit, in accordance with the Ground Rules, will be payable for an initial colonoscopic, proctoscopic or sigmoidoscopic examination Repeat colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows: (b) No consultant or hospital benefits are payable for repeat colonoscopic, proctoscopic or sigmoidoscopic examinations within 36 months of the initial examination except for the following clinical indications: (i) Following removal of adenomas with dysplasia (ii) Multiple or large adenomas which could not be satisfactorily cleared in one endoscopy session (iii) Pre-operative assessment of chronic inflammatory bowel disease (IBD) (iv) Relapse of IBD following change of therapy - post-colonic cancer surgery at 1, 3 and 5 years (v) In Crohns disease, post resection, assessment of surgical anastomosis after 6 months (vi) Cancer surveillance in chronic pan ulcerative colitis (vii) Where the patient's presenting symptoms indicate that a one sided colonoscopy is necessary and where the findings from that procedure suggest the possibility of disease elsewhere in the colon necessitating complete colon examination. The findings are as follows: (1) Colonic polyps (2) Colonic carcinoma (3) Inflammatory bowel disease (4) Blood stained mucus or stool coming from beyond the range of a left sided colon examination (Viii) Repeat full colonoscopy when there is unexplained deterioration in symptomatology not explained by left sided colonoscopy (ix) Left colonoscopy to assess disease activity at the time of significant reduction or withdrawal of medication (x) Left colonoscopy at the time of significant symptomatic relapse (xi) Left colonoscopy where there is a failure to respond to treatment or where there is suspicion of a second diagnosis such as clostridium difficile infection with superimposed pseudo membranous colitis (xii) Evaluation of an abdominal mass (c) New clinical indications unrelated to the original indications for endoscopy, themselves an identified indication for endoscopy, will not be excluded by a prior endoscopy (d) When a barium enema is carried out following a colonoscopy, the benefit for a one side colonoscopy, proctoscopy or sigmoidoscopy only is payable (e) Clinical indications for which ILH pay for surveillance colonoscopy: (i) Individuals who have two first degree relatives diagnosed with colorectal cancer (ii) Individuals with a family history of polyposis coli (iii) Individuals with a family history of hereditary non-polyposis coli (iv) Individuals who have a first degree relative who developed colorectal cancer before the age of sixty years will be entitled to benefit for colonoscopy every five years, beginning at age forty years or ten years before the age of the youngest affected relative, whichever is the first For indications (e)(i) to (e)(iv) ILH will pay an initial colonoscopy and, if normal, repeats at 5 yearly intervals
545	Prolapse of rectum, abdominal approach involving laparotomy, colostomy or intestinal anastomosis including laparoscopic approach	No	No	
549	Delorme procedure	No	No	
550	Prolapse of rectum, perineal repair (I.P.)	No	No	
555	Closure of rectovesical fistula, with or without colostomy (I.P.)	No	No	
556	Balloon dilation of the rectum	No	No	
560	Rectal or sigmoid polyps (removal by diathermy etc.)	No	No	

LARGE INTESTINE

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
565	Rectum, excision of (all forms including perineoabdominal, perineal anterior resection and laparoscopic approach)	No	No	
570	Rectum, partial excision of	No	No	
574	Presacral teratoma, excision of	No	No	
576	Revision/ refashioning of ileostomy and duodenostomy, complicated reconstruction in-depth (I.P.)	No	No	
577	Low anterior resection with colo-anal anastomosis for cancer	No	No	
578	Soave procedure	No	No	
579	Internal sphincter myomectomy in children with Hirschsprung disease	No	No	
581	Sigmoidoscopy including dilatation of intestinal strictures	No	No	
582	Proctectomy for recurrent rectal cancer in a radiated and previously operated pelvis	No	No	
585	Stricture of rectum (dilation of) (I.P.)	No	No	
590	Volvulus (stomach, small bowel or colon, including resection and anastomosis)	No	No	
591	Correction of malrotation by lysis of duodenal bands and/ or resection of midgut volvulus (e.g. Ladd procedure)	No	No	
5793	Percutaneous implantation of neurostimulator pulse generator and electrodes for faecal incontinence; trial stage	No	Yes	
5794	Percutaneous implantation of neurostimulator electrodes for faecal incontinence; permanent implantation	No	No	2 nights only
442110	Prophylactic total colectomy	No	Yes	
442112	Prophylactic laparoscopic total colectomy	No	Yes	

LIVER

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
595	Hepatotomy for drainage of abscess or cyst, one or two stages	No	No	

LIVER

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
600	Biopsy of liver (by laparotomy) (I.P.)	No	No	
601	Transjugular liver biopsy	No	No	
605	Biopsy of liver (needle)	No	No	
608	Management of liver haemorrhage; simple suture of liver wound or injury	No	No	
611	Major liver resection (I.P.)	No	No	
616	Wedge resection of liver	No	No	
617	Intrahepatic cholangioenteric anastomosis	No	No	
618	Resection of hilar bile duct tumour (I.P.)	No	No	
619	Management of liver haemorrhage; exploration of hepatic wound, extensive debridement, coagulation and/ or suture, with or without packing of liver	No	No	
622	Insertion of hepatic artery catheter and reservoir pump	No	No	
625	Liver, left lateral lobectomy	No	No	
626	Intra-operative radiofrequency ablation of liver metastases	No	No	
630	Excision of hydatid cyst	No	No	

LYMPHATICS

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
1310	Open superficial lymph node biopsy	Yes	No	
1311	Biopsy or excision of lymph node(s); by needle, superficial (e.g. cervical, inguinal, axillary)	Yes	No	
1314	Sentinel node biopsy with injection of dye and identification	No	No	
1315	Axillary lymph nodes, complete dissection of	No	No	
1320	Axillary or inguinal lymph nodes, incision of abscess	Yes	No	
1326	Biopsy or excision of lymph node(s); open, deep cervical or axillary node(s)	No	No	
1335	Inguinal or pelvic lymph node block dissection, unilateral (I.P.)	No	No	

LYMPHATICS

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
1336	Inguinal or pelvic lymph node block dissection, bilateral (I.P.)	No	No	
1365	Primary or secondary retroperitoneal, lymphadenectomy complete, transabdominal (I.P.)	No	No	
494351	Incision and drainage of axillary or inguinal lymph node abscess	Yes	No	

METABOLIC SURGERY

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
493201	Metabolic surgery - gastric restrictive procedure with gastric by-pass with Roux-En-Y gastroenterostomy (I.P.)	No	Yes	Procedure only covered privately in Bon Secours Hospital Cork, Blackrock Clinic, MPH Dublin, Galway Clinic and SVPH - list for review in July 2021 (a) Clinical indications for metabolic surgery to correct diabetes, chronic heart failure, sleep apnoea, hypertension and improve fertility are payable only once in a lifetime and the benefit is subject to pre-certification (b) Benefit is restricted to those patients who satisfy all of the following criteria: (i) Benefit is restricted to those patients whose BMI is currently and has been for at least 2 years greater than 37 (ii) Bariatric surgery is only payable in hospitals listed in the Irish Life Health directory of Hospitals and has a multi-disciplinary programme for the treatment of obesity (iii) The multi disciplinary team must consist of a consultant recognised by Irish Life Health who has a special interest in the management of obesity, endocrinologist, diabetologist (iv) Patients that are seeking metabolic surgery for severe obesity must have received management in an appropriate programme with integrated components of a dietary regime, appropriate exercise and behavioural modification and support for at least 6 months within 2 years of the proposed surgery and be supported with relevant documentation (v) Patients must be 18 years or older (vi) Evidence must be provided that all appropriate measures have been adequately tried but the member has failed to maintain weight loss (vii) Patients who are candidates for surgical procedures must have been evaluated by a multi-disciplinary team including dietician, a physiotherapist, nurse, psychological, consultant Physician with a special interest in this field and a consultant Surgeon with a special interest in bariatric surgery. Arrangements must be in place for thee appropriate healthcare professionals (as listed above) to provide pre-operative and post-operative counselling and support to patients (viii) Psychological clearance must be obtained through a consultant Psychiatrist or a clinical Psychologist registered with the Psychological Society of Ireland. There should be no specific clinical of psychological contra-indications for this type of surgery and documentation to support this must be provided to Irish Life Health (ix) Individuals should generally be fit for anaesthesia and for surgery and understand the need for long term follow up (x) The operation should be performed by a consultant Surgeon who is registered with Irish Life Health for the performance of these procedures (application form upon request) (xi) Lifelong surveillance is advised and thus a report on progress may be required to be sent to Irish Life Health post-surgery on request.

METABOLIC SURGERY

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
493202	Metabolic surgery - gastric restrictive procedure, with partial gastrectomy, pylorus preserving duodenileostomy and ileostomy (50 to 100 cm common channel) to limit absorption/ biliopancreatic diversion with duodenal switch	No	Yes	Procedure only covered privately in Bon Secours Hospital Cork, Blackrock Clinic, MPH Dublin, Galway Clinic and SVPH - list for review in July 2021 (a) Clinical indications for metabolic surgery to correct diabetes, chronic heart failure, sleep apnoea, hypertension and improve fertility are payable only once in a lifetime and the benefit is subject to pre-certification (b) Benefit is restricted to those patients who satisfy all of the following criteria: (i) Benefit is restricted to those patients whose BMI is currently and has been for at least 2 years greater than 37 (ii) Bariatric surgery is only payable in hospitals listed in the Irish Life Health directory of Hospitals and has a multi-disciplinary programme for the treatment of obesity (iii) The multi disciplinary team must consist of a consultant recognised by Irish Life Health who has a special interest in the management of obesity, endocrinologist, diabetologist (iv) Patients that are seeking metabolic surgery for severe obesity must have received management in an appropriate programme with integrated components of a dietary regime, appropriate exercise and behavioural modification and support for at least 6 months within 2 years of the proposed surgery and be supported with relevant documentation (v) Patients must be 18 years or older (vi) Evidence must be provided that all appropriate measures have been adequately tried but the member has failed to maintain weight loss (vii) Patients who are candidates for surgical procedures must have been evaluated by a multi-disciplinary team including dietician, a physiotherapist, nurse, psychological, consultant Physician with a special interest in this field and a consultant Surgeon with a special interest in bariatric surgery. Arrangements must be in place for thee appropriate healthcare professionals (as listed above) to provide pre-operative and post-operative counselling and support to patients (viii) Psychological clearance must be obtained through a consultant Psychiatrist or a clinical Psychologist registered with the Psychological Society of Ireland. There should be no specific clinical of psychological contra-indications for this type of surgery and documentation to support this must be provided to Irish Life Health (ix) Individuals should generally be fit for anaesthesia and for surgery and understand the need for long term follow up (x) The operation should be performed by a consultant Surgeon who is registered with Irish Life Health for the performance of these procedures (application form upon request) (xi) Lifelong surveillance is advised and thus a report on progress may be required to be sent to Irish Life Health post-surgery on request.
493203	Metabolic surgery - laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (I.P.)	No	Yes	Procedure only covered privately in Bon Secours Hospital Cork, Blackrock Clinic, MPH Dublin, Galway Clinic and SVPH - list for review in July 2021 (a) Clinical indications for metabolic surgery to correct diabetes, chronic heart failure, sleep apnoea, hypertension and improve fertility are payable only once in a lifetime and the benefit is subject to pre-certification (b) Benefit is restricted to those patients who satisfy all of the following criteria: (i) Benefit is restricted to those patients whose BMI is currently and has been for at least 2 years greater than 37 (ii) Bariatric surgery is only payable in hospitals listed in the Irish Life Health directory of Hospitals and has a multi-disciplinary programme for the treatment of obesity (iii) The multi disciplinary team must consist of a consultant recognised by Irish Life Health who has a special interest in the management of obesity, endocrinologist, diabetologist (iv) Patients that are seeking metabolic surgery for severe obesity must have received management in an appropriate programme with integrated components of a dietary regime, appropriate exercise and behavioural modification and support for at least 6 months within 2 years of the proposed surgery and be supported with relevant documentation (v) Patients must be 18 years or older (vi) Evidence must be provided that all appropriate measures have been adequately tried but the member has failed to maintain weight loss (vii) Patients who are candidates for surgical procedures must have been evaluated by a multi-disciplinary team including dietician, a physiotherapist, nurse, psychological, consultant Physician with a special interest in this field and a consultant Surgeon with a special interest in bariatric surgery. Arrangements must be in place for thee appropriate healthcare professionals (as listed above) to provide pre-operative and post-operative counselling and support to patients (viii) Psychological clearance must be obtained through a consultant Psychiatrist or a clinical Psychologist registered with the Psychological Society of Ireland. There should be no specific clinical of psychological contra-indications for this type of surgery and documentation to support this must be provided to Irish Life Health (ix) Individuals should generally be fit for anaesthesia and for surgery and understand the need for long term follow up (x) The operation should be performed by a consultant Surgeon who is registered with Irish Life Health for the performance of these procedures (application form upon request) (xi) Lifelong surveillance is advised and thus a report on progress may be required to be sent to Irish Life Health post-surgery on request.

METABOLIC SURGERY

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
493204	Metabolic surgery - laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (e.g. gastric band and subcutaneous port component) benefits include all subsequent restrictive device adjustment(s)	No	Yes	Procedure only covered privately in Bon Secours Hospital Cork, Blackrock Clinic, MPH Dublin, Galway Clinic and SVPH - list for review in July 2021 (a) Clinical indications for metabolic surgery to correct diabetes, chronic heart failure, sleep apnoea, hypertension and improve fertility are payable only once in a lifetime and the benefit is subject to pre-certification (b) Benefit is restricted to those patients who satisfy all of the following criteria: (i) Benefit is restricted to those patients whose BMI is currently and has been for at least 2 years greater than 37 (ii) Bariatric surgery is only payable in hospitals listed in the Irish Life Health directory of Hospitals and has a multi-disciplinary programme for the treatment of obesity (iii) The multi disciplinary team must consist of a consultant recognised by Irish Life Health who has a special interest in the management of obesity, endocrinologist, diabetologist (iv) Patients that are seeking metabolic surgery for severe obesity must have received management in an appropriate programme with integrated components of a dietary regime, appropriate exercise and behavioural modification and support for at least 6 months within 2 years of the proposed surgery and be supported with relevant documentation (v) Patients must be 18 years or older (vi) Evidence must be provided that all appropriate measures have been adequately tried but the member has failed to maintain weight loss (vii) Patients who are candidates for surgical procedures must have been evaluated by a multi-disciplinary team including dietician, a physiotherapist, nurse, psychological, consultant Physician with a special interest in this field and a consultant Surgeon with a special interest in bariatric surgery. Arrangements must be in place for thee appropriate healthcare professionals (as listed above) to provide pre-operative and post-operative counselling and support to patients (viii) Psychological clearance must be obtained through a consultant Psychiatrist or a clinical Psychologist registered with the Psychological Society of Ireland. There should be no specific clinical of psychological contra-indications for this type of surgery and documentation to support this must be provided to Irish Life Health (ix) Individuals should generally be fit for anaesthesia and for surgery and understand the need for long term follow up (x) The operation should be performed by a consultant Surgeon who is registered with Irish Life Health for the performance of these procedures (application form upon request) (xi) Lifelong surveillance is advised and thus a report on progress may be required to be sent to Irish Life Health post-surgery on request.
493205	Metabolic surgery - laparoscopy, surgical, longitudinal gastrectomy (i.e. gastric sleeve) (I.P.)	No	Yes	Procedure only covered privately in Bon Secours Hospital Cork, Blackrock Clinic, MPH Dublin, Galway Clinic and SVPH - list for review in July 2021 (a) Clinical indications for metabolic surgery to correct diabetes, chronic heart failure, sleep apnoea, hypertension and improve fertility are payable only once in a lifetime and the benefit is subject to pre-certification (b) Benefit is restricted to those patients who satisfy all of the following criteria: (i) Benefit is restricted to those patients whose BMI is currently and has been for at least 2 years greater than 37 (ii) Bariatric surgery is only payable in hospitals listed in the Irish Life Health directory of Hospitals and has a multi-disciplinary programme for the treatment of obesity (iii) The multi disciplinary team must consist of a consultant recognised by Irish Life Health who has a special interest in the management of obesity, endocrinologist, diabetologist (iv) Patients that are seeking metabolic surgery for severe obesity must have received management in an appropriate programme with integrated components of a dietary regime, appropriate exercise and behavioural modification and support for at least 6 months within 2 years of the proposed surgery and be supported with relevant documentation (v) Patients must be 18 years or older (vi) Evidence must be provided that all appropriate measures have been adequately tried but the member has failed to maintain weight loss (vii) Patients who are candidates for surgical procedures must have been evaluated by a multi-disciplinary team including dietician, a physiotherapist, nurse, psychological, consultant Physician with a special interest in this field and a consultant Surgeon with a special interest in bariatric surgery. Arrangements must be in place for thee appropriate healthcare professionals (as listed above) to provide pre-operative and post-operative counselling and support to patients (viii) Psychological clearance must be obtained through a consultant Psychiatrist or a clinical Psychologist registered with the Psychological Society of Ireland. There should be no specific clinical of psychological contra-indications for this type of surgery and documentation to support this must be provided to Irish Life Health (ix) Individuals should generally be fit for anaesthesia and for surgery and understand the need for long term follow up (x) The operation should be performed by a consultant Surgeon who is registered with Irish Life Health for the performance of these procedures (application form upon request) (xi) Lifelong surveillance is advised and thus a report on progress may be required to be sent to Irish Life Health post-surgery on request.

NAIL

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
3120	Nail, removal of	Yes	No	Side Room	Where this procedure is done in a setting which does not require hospital admission, the "Participating Benefit - No Hospital Admission" applies. This benefit covers both the professional and the facility fee
3155	Whitlow, incision and drainage	Yes	No	Side Room	Where this procedure is done in a setting which does not require hospital admission, the "Participating Benefit - No Hospital Admission" applies. This benefit covers both the professional and the facility fee
4155	Avulsion of nail plate, partial or complete, simple	Yes	No	Side Room	Where this procedure is done in a setting which does not require hospital admission, the "Participating Benefit - No Hospital Admission" applies. This benefit covers both the professional and the facility fee
4160	Excision of nail and nail matrix, partial or complete (e.g. ingrown or deformed nail), for permanent removal	Yes	No	Side Room	Where this procedure is done in a setting which does not require hospital admission, the "Participating Benefit - No Hospital Admission" applies. This benefit covers both the professional and the facility fee

PANCREAS

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
771	ERCP sphincterotomy and extraction of stones	No	No	
772	ERCP sphincterotomy and insertion of endoprosthesis	No	No	
773	Biopsy of pancreas, percutaneous needle, includes radiological or ultrasound guidance	No	No	
774	ERCP (endoscopic retrograde cholangiogram of pancreas)	No	No	
775	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple - type procedure); with pancreatojejunostomy	No	No	
776	Pancreatic biopsy	No	No	
778	Pancreaticojejunostomy	No	No	
779	ERCP ampullectomy with insertion of endoprosthesis	No	No	
780	Distal pancreatectomy including splenectomy	No	No	
781	Endoscopic cannulation of papilla with direct visualisation (spy glass probe) of common bile duct(s) and/ or pancreatic ducts	No	No	Benefit shown is payable in full with the code for main procedures 771,772,774,779 or 782

PANCREAS

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
782	ERCP with endoscopic retrograde destruction, lithotripsy of calculus/calculi, any method	No	No	
785	Total pancreatectomy, distal, with gastrectomy, splenectomy, duodenectomy, cholecystectomy and resection of distal bile duct	No	No	
786	Simultaneous pancreas/ kidney transplant	No	No	
790	Open surgical drainage of pancreatic abscess or pseudocyst	No	No	
795	Pancreatotomy for drainage of pancreatitis, abscess or cyst with exploration of biliary and pancreatic duct	No	No	

PARATHYROID GLANDS

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
1110	Parathyroid adenoma, excision of	No	No	
1111	Transcatheter ablation of function of parathyroid glands	No	No	
1112	Parathyroid hyperplasia, excision of (4 glands, frozen section)	No	No	
1113	Total parathyroidectomy with auto transplant or mediastinal exploration/ intra-thoracic	No	No	
1114	Parathyroid re-exploration	No	No	

SALIVARY GLANDS

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
1115	Abscess of salivary gland, incision and drainage	Yes	No	
1120	Fistula of salivary duct, repair of	No	No	
1125	Parotid or submandibular duct, dilatation of	Yes	No	
1126	Submandibular duct, relocation (I.P.)	No	No	

SALIVARY GLANDS

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
1133	Excision of parotid tumour or parotid gland, lateral lobe, (superficial parotidectomy) with dissection and preservation of facial nerve (I.P.)	No	No	
1134	Excision of parotid tumour or parotid gland, total, en bloc removal with sacrifice of facial nerve	No	No	
1135	Excision of parotid tumour or parotid gland, total with dissection and preservation of facial nerve	No	No	
1136	Excision of parotid tumour or parotid gland, lateral lobe, without nerve dissection	No	No	
1140	Salivary calculus, removal of	Yes	No	
1141	Sialendoscopy with sialolithiasis, any method; complicated intraoral (I.P.)	No	No	
1150	Submandibular salivary gland, excision of	No	No	
1151	Excision of sublingual gland	No	No	

SPLEEN

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
800	Open splenectomy (I.P.)	No	No	
806	Transcatheter ablation of function of spleen	No	No	
807	Aspiration of splenic cysts	No	No	
381229	Laparoscopic splenectomy (I.P.)	No	No	

THYROID

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
1152	Thyroid cyst(s) aspiration/ fine needle biopsy (I.P.)	Yes	No	
1154	Excision of thyroid cyst	No	No	
1155	Total/ revision thyroidectomy	No	No	
1156	Core biopsy of thyroid, neck lymph node or head and neck mass under ultrasound guidance (I.P.)	No	No	
1157	Partial/ subtotal thyroidectomy	No	No	

TONGUE

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
1165	Excision of epithelioma of tongue with radical operation on glands	No	No		
1170	Frenectomy (tongue tie)	Yes	No	Side Room	
1174	Glossectomy; less than one-half tongue	No	No		
1175	Hemi-glossectomy	No	No		
1176	Total glossectomy	No	No		
1180	Growths of tongue, diathermy to	Yes	No	Side Room	
1185	Excision biopsy, oral cavity (I.P.)	Yes	No	Independent Procedure, Side Room	
1186	Resection of tonsil, tongue base, palate, mandible and radical neck dissection	No	No		